

ORDER FOR SUPPLIES OR SERVICES (Contractor must submit four copies of invoice.)						Form Approved OMB No. 0704-0187 Expires Jun 30, 1997		PAGE 1 OF 4		
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.										
PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES. SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.										
1. CONTRACT/PURCH ORDER NO. N00383-01-G-015N			2. DELIVERY ORDER NO. UZ4X		3. DATE OF ORDER (YYMMDD) 2003 NOV 25		4. REQUISITION/PURCH REQUEST NO. YPE03202000019		5. PRIORITY DOA7	
6. ISSUED BY CODE SP0900 Defense Supply Center Columbus 3990 E.Broad St. P.O. Box 16704 Columbus,OH 43216-5010 Local Administrator: PCCACBA (614)692-7500 / FAX: (614)692-6929 E-mail: Brian.Kennedy@dla.mil				7. ADMINISTERED BY (If other than 6) CODE S0707A CMDR DCMC SIKORSKY AIRCRAFT P O BOX 9731 STRATFORD, CT 06615-9131 CRITICALITY: C				8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER (See Schedule if other)		
9. CONTRACTOR CODE 78286 NAME AND ADDRESS SIKORSKY AIRCRAFT CORP 6900 MAIN ST STRATFORD CT 06615-9129				FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 227 DAYS ARO		11. MARK IF BUSINESS IS <input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		
						12. DISCOUNT TERMS NET 30 days				
						13. MAIL INVOICES TO See Block 15				
14. SHIP TO CODE See Schedule - Do Not Ship to Address in Block 6				15. PAYMENT WILL BE MADE BY CODE HQ0337 HQ0337 DFAS COLUMBUS CENTER NORTH ENTITLEMENT OPERATIONS P O BOX 182266 COLUMBUS OH 43218-2266 EFT: T				MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER		
16. TYPE OF ORDER DELIVERY <input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/> This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your offer dated 2003 AUG 28, CQ3R8-03 and furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.										
NAME OF CONTRACTOR _____ SIGNATURE _____ TYPED NAME AND TITLE _____ DATE SIGNED (YYMMDD) _____ <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:										
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE EG: 97X4930 5CE0 001 26.0 S33150										
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE				20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT	
		Remarks: ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.				TOTAL: 2				
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle. 24. UNITED STATES OF AMERICA Valerie Jones PCCACDZ BY: <i>Valerie J. Jones</i> CONTRACTING/ORDERING OFFICER OTHER NO. _____ 25. TOTAL \$ 1037.64 29. DIFFERENCE _____ 30. INITIALS _____					26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____ 36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____ 37. RECEIVED AT _____ 38. RECEIVED BY (Print) _____ 39. DATE RECEIVED (YYMMDD) _____ 40. TOTAL CONTAINERS _____ 41. S/R ACCOUNT NUMBER _____ 42. S/R VOUCHER NO. _____					

CONTINUATION SHEET	Order Number: N00383-01-G-015N-UZ4X	PAGE 2	OF PAGES 4
<p>FOB AND INSPECTION/ACCEPTANCE AT CONTRACTOR'S PLANT, STRATFORD, CT, 06615-9129, QUANTITY VARIANCE: INCREASE 0%, DECREASE 0%, ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME.</p>			

CONTINUATION SHEET

Order Number:

N00383-01-G-015N-UZ4X

PAGE OF PAGES

3

4

SECTION B

PR YPE03202000019
NSN 5998-01-316-3862

ITEM DESCRIPTION:

PRINTED WIRING BOAR

SIKORSKY AIRCRAFT CORP (78286) P/N 70500-82202-061

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPE03202000019	0001	2	EA	\$518.82000	\$1037.64

QTY VARIANCE: PLUS 0% MINUS 0%
INSPECTION POINT: ORIGIN
ACCEPTANCE POINT: ORIGIN

PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999
QUP = 001: PRES MTHD = 41: CLNG/DRY = 1: PRESV MAT = 00:
WRAP MAT = 00: CUSH/DUNN MAT = NA: CUSH/DUNN THKNESS = X:
UNIT CONT = D3: OPI = O:
INTRMDTE CONT = DO: INTRMDTE CONT QTY = AAA:
PACK CODE = U:
MARKING SHALL BE IN ACCORDANCE WITH MIL-STD-129.
SPECIAL MARKING CODE: 00 - NO SPECIAL MARKING.

DOD BAR CODE MARKING REQUIRED IN ACCORDANCE WITH
MIL-STD-129 (LATEST REVISION) MARKING AND BAR
CODING IN ACCORDANCE WITH AIM BC1.

DELIVER FOB: ORIGIN BY: 2004 JUL 09

PARCEL POST ADDRESS:

W62G2T
XU DEF DIST DEPOT SAN JOAQUIN
TRANSPORTATION OFFICER
PO BOX 960001
STOCKTON CA 95296-0130

CONTINUED ON NEXT PAGE

SECTION B

FREIGHT SHIPPING ADDRESS:

W62G2T
XU DEF DIST DEPOT SAN JOAQUIN
25600 S CHRISMAN ROAD
REC WHSE 10 PH 209 839 4307
TRACY CA 95376-5000

NON-MILSTRIP
PROJ

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REMIT PAYMENT TO:

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